

C1 8960

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

(13) A524132

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
7/19/06 HO-95-0504  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)FEET  
FROM TOcheck  
if water  
bearingBrown  
shale

0 74

Gray  
Limestone  
Brown  
Sandstone

74 165

Gray  
Limestone

165 300

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 48 NO. OF POUNDS 108

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST  
STEELCO  
CONCRETEPL  
PLASTICOT  
OTHERMAIN  
CASING  
TYPE  
PLNominal diameter  
top (main) casing  
(nearest inch)  
06Total depth  
of main casing  
(nearest foot)  
80E  
A  
C  
H  
C  
A  
S  
I  
N  
G

## OTHER CASING (if used)

diameter

depth (feet)

ST

05

36

screen type  
or open hole  
insert  
appropriate  
code  
below

## SCREEN RECORD

ST  
STEELBR  
BRASS

BRONZE

PL  
PLASTICHO  
HOLE

HOLE

OT  
OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

no

Y

N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN  
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND  
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE  
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED  
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

DRILLERS LIC. NO. 1 M S D 009

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70  
TELESCOPE  
CASING72  
LOG  
INDICATOR74 75 76  
OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

## PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

- below

LAND SURFACE

02 (nearest  
foot)

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

Barn 50'

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

**Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping**

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

**\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-95-0504  
Site Address: 16272 Compromise Court

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/20/07 **BB**  
Inspection Data: Pitless adapter and water supply line at least 36" below grade  
Two piece cap installed and attached to casing securely  
Elec. conduit extends at least 18" below grade/attached to cap properly  
Safety rope installed inside of well casing  
Correct well tag attached properly and casing 8" above finished grade  
Water supply line sleeved adequately at house connection  
Adequate grout observed below pitless adapter

1/23/07  
**Not Finished -**  
**Told Installer**  
**to Make Sure**  
**Conduit Deep**  
**Enough - o.k.**  
**to Backfill** **BB**

B 1	5982	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 525204 please print or type	STATE PERMIT NUMBER <b>HO-95-0504</b> <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA) _____</p> <p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>8 MM DD YY 13  <u>William Douglas Homes</u>  15 Last Name Owner First Name 34  <u>1030 Liberty Rd Suite 100</u>  36 Street or RFD 55  <u>Eldersburg Md 21784</u>  57 Town 70 State 72 Zip 76</p> <p style="text-align: center;"><b>DRILLER INFORMATION</b></p> <p><u>Allen Compton</u> M S D 009  Driller's Name 76 License No. 81  <u>Eagles Well Drilling</u>  Firm Name  <u>580 obrecht Rd.</u>  Address  <u>Allen</u> <u>8-4-06</u>  Signature Date</p> </div> <div style="width:48%;"> <p style="text-align: center;"><b>LOCATION OF WELL</b></p> <p>8 COUNTY <u>Howard</u> 21  23 SUBDIVISION <u>Lisbon mande</u> 42  SECTION <u>4</u> LOT <u>4</u>  44 46 48 50  <u>mt. Airy</u>  52 NEAREST TOWN 71  MILES FROM TOWN (enter 0 if in town) <u>5</u> M I  73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p style="text-align: center;"><b>WELL INFORMATION</b></p> <p>1 2  APPROX. PUMPING RATE <u>5</u>  (GAL. PER MIN.) 8 12  AVERAGE DAILY QUANTITY NEEDED <u>500</u>  (GAL. PER DAY) 14 20</p> <p style="text-align: center;"><b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY &amp; RESIDENTIAL IRRIGATION  <input type="checkbox"/> FARMING (LIVESTOCK WATERING &amp; AGRICULTURAL IRRIGATION)  <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING  <input type="checkbox"/> PUBLIC WATER SUPPLY WELL  <input type="checkbox"/> TEST, OBSERVATION, MONITORING  <input type="checkbox"/> GEO-THERMAL</p> </div> <div style="width:48%;"> <p style="text-align: center;"><b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b></p> <p><u>Howard</u> <u>(13)</u> <u>A524132</u>  COUNTY NAME COUNTY NO.  STATE SIGNATURE _____ INSERT S →  DATE ISSUED <u>8/14/2006</u> <u>Brian Baker</u> <u>8/14/2007</u>  43 MM DD YY 48 CO SIGNATURE EXP. DATE  NORTH GRID <u>555</u> 0 0 0 EAST GRID <u>778</u> 0 0 0  50 55 57 63</p> </div> </div>				
<p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET  24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH  NEAREST INCH</p> <p style="text-align: center;"><b>METHOD OF DRILLING</b> (circle one)</p> <p>BORED (or Augered) JETTED Jetted &amp; DRIVEN  30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  37 CABLE REVerse-ROTary Drive-POINT  other _____</p> <p style="text-align: center;"><b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL  <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL  PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52</p> <p style="text-align: center;"><b>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</b></p> <p>APPROP. PERMIT NUMBER _____ G _____  PERMIT No. <u>HO 95 0504</u>  70 71 72 73 74 75 76 77 78 79</p>				
<p style="text-align: center;"><b>SPECIAL CONDITIONS</b>  NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</p> <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>778</u>  N <u>555</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> </div> <div style="width:48%;"> </div> </div>				



Howard County  
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

## ATTENTION WELL DRILLERS!!!

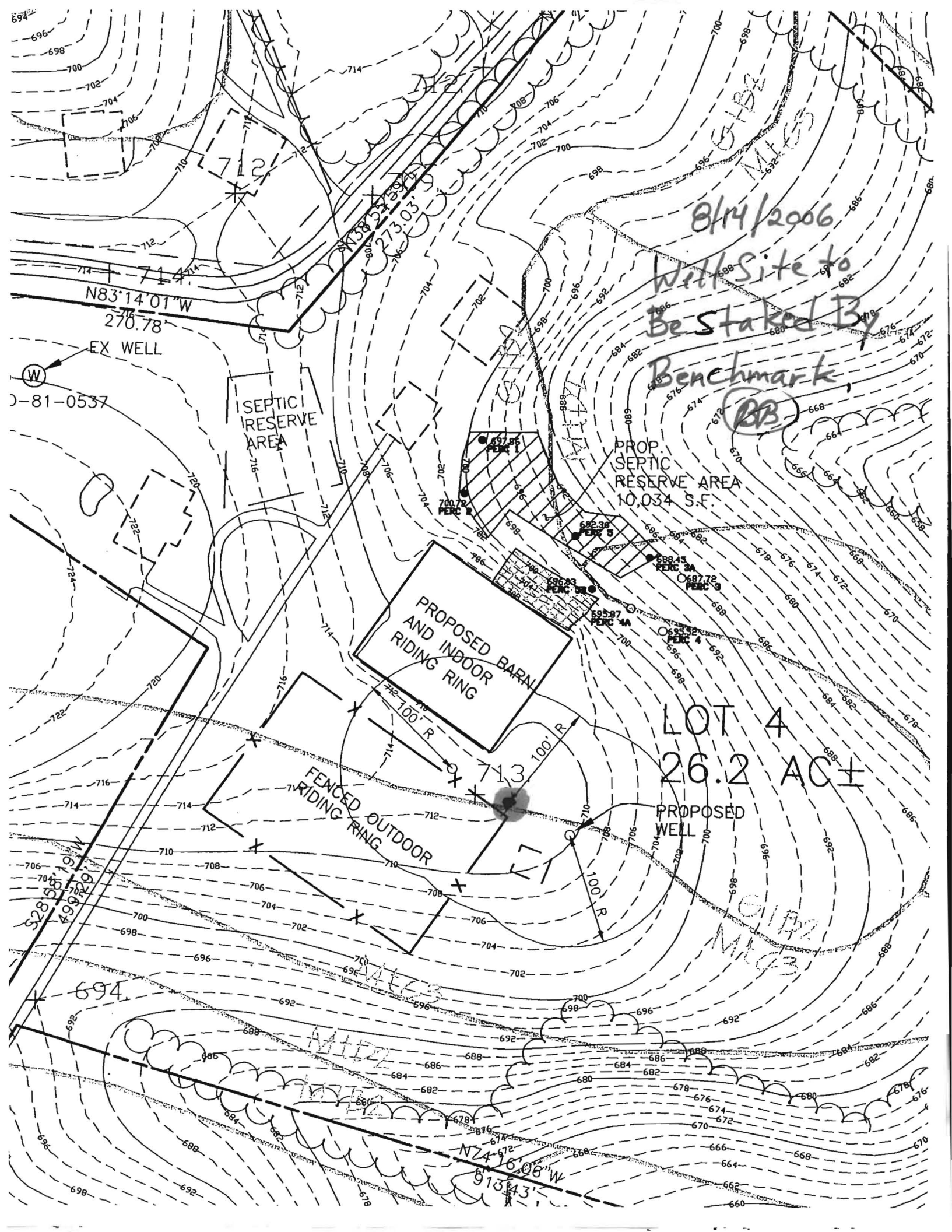
When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Benchmark  
on 8-4-06 and is ready for site inspection.
- ☐ \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- ☐ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.  
This should help improve communication allowing a more timely  
service for our citizens.

KN





8/14/2006

Will Site to  
Be Staked By  
Benchmark

BB

PROP.  
SEPTIC  
RESERVE AREA  
10,034 S.F.

LOT 4  
26.2 AC±

PROPOSED  
WELL

N83°14'01"W  
270.78'

EX WELL

W

0-81-0537

SEPTIC  
RESERVE  
AREA

PROPOSED BARN  
AND INDOOR  
RIDING RING

FENCED OUTDOOR  
RIDING RING

N24°16'06"W  
913.43'